

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update
MULTIPLE CHOICE QUESTIONS

THE

BIGGEST

NEWS FOR EARS IN YEARS



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FOR SYRINGING

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13 April 1996

Draft code of conduct for Council

Cost problems with SCRIPTS scheme?

BPSA conference kicks off in Leicester

RPM briefing: all you need to know

Craig gets down to business at the NPA



'Cowboy' advisers and how to avoid them

ABPI considers latest trends in prescribing

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*Contact your Dendron representative or wholesaler. Dendron tel. no: 01923 229251.



So electronic voting has lost Council's vote. The Society's experiment into a brave new world lasted three months, with the conclusion that the occasional use of the system could be just as easily done in a manual fashion.

Surely all pharmacists will breathe a sigh of relief that the Society has saved over \$12,000 on a system that would be of little value, but at the same time alarm bells are ringing that the membership will go back to being kept in the dark over voting outcomes – despite assurances to the contrary. It is a fear shared by at least one Council member, who points out that they were told that recording votes was not feasible manually, presumably because this approach took up too much time.

Of course, the electronic system in itself didn't do a great deal to enlighten the membership on how its elected representatives vote. In response to criticism that the names of those who voted against the standards tribunal in the February Council meeting were not published, the Society's secretary and registrar, John Ferguson, said it was not intended to publish names on every occasion that a vote is taken. He did not elaborate on which occasions will be deemed suitable. Surely the answer is quite simple: any issue requiring the vote of Council is serious enough to warrant the wider membership knowing which side of the fence Council members stand on.

The one benefit of the electronic experiment is that it has brought this issue to the fore. The fact that there is to be a return to the old system doesn't necessarily mean there should be continued membership ignorance.

Perhaps this could be the spur to push for greater openness and democracy within the profession ...

CHEMIST & DRUGGIST

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CHEMIST & DRUGGIST

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Council approves draft conduct code

The Royal Pharmaceutical Society's Council has approved a draft code of conduct for Council members. A deliberate breach could result in Council passing a motion of censure naming the member concerned.

The code states that members: **1** must, while acting as Council members, at all times ensure that their activities are directed towards fulfilling the Society's objects specified in the Supplemental Charter and the Society's responsibilities specified in legislation.

2 ensure that the Society's funds are properly applied to further-

ing the Society's objects

3 must not make use of information, acquired by reason of their position, for personal gain

4 must not use their position to promote private interests

5 must respect the confidentiality of information identified as confidential and acquired solely by virtue of their position

6 must not use their position to seek to influence the conduct of any aspect of the Council's business for the benefit of any individual, body corporate or other association, rather than the profession as a whole.

During debate at this month's meeting, Graham Walker said he could see occasions when some members would be in breach of the code almost by accident.

Marshall Davies saw problems with clause 6, because all members held strong views and on which they would try to convince others.

The secretary and registrar, John Ferguson, explained that if Mr Davies sought to argue something that was in the interest of Boots, he would have to be convinced it was in the interests of the profession as a whole.

Queries over working capital

The Pharmaceutical Services Negotiating Committee's campaign to lobby MPs on the working capital issue continues to bear fruit with questions in the House of Commons.

The latest came from Mr Pearson who asked for the Department of Health's calculations of the working capital requirements for pharmacists.

Health minister Gerald Malone revealed in a written answer that the working capital for a medicine pharmacy was \$22,533 in 1989-90 and \$35,741 in 1994-95. "The cost of servicing working capital is dependent on variations in interest rates," he added.

● Mr Malone also revealed, in a written response to Malcolm Bruce, that a 1 per cent drop in the script fee would cost the NHS \$3 million, 2 per cent \$6m and 5 per cent would cost \$15m.

Stricter rules coming for slimming pills?

The Medicines Control Agency and other medicines agencies in the European Union are considering stricter treatment guidelines for anorectic agents.

The guidelines have not been published officially, but *C&D* understands that they seek to tighten up on private slimming clinics, where clients are poorly monitored and the drugs are prescribed for people who are not obese. The guidelines are expected to recommend that the drugs are used only under controlled supervision by medical experts.

3M Health Care is currently discussing with the MCA ways of bringing the prescribing guidelines for Duramine (phen-teramine) into line with the latest recommendations.

The dangers of indiscriminate use of appetite suppressants was highlighted on the BBC Radio 1 programme, 'You and yours' on Tuesday. Telephone callers to the programme's helpline were recommended to consult a general practitioner before going to slimming clinics.

The General Medical Council warned doctors two years ago they faced disciplinary action for irresponsible prescribing.

MCQ for March Pharmacy Update

This week's issue carries the multiple choice question paper relating to **Pharmacy Update** articles carried in March.

These include: hormonal contraception, schizophrenia (both published March 2) and psoriasis (March 16).

Pharmacists who wish to have their answers to each **Update** module independently marked and certified can regis-

ter to use *C&D*'s interactive telephone marking service. The cost is \$12.50 (plus \$2.19 VAT). This will allow access, via a personal identification number (PIN) to all College of Pharmacy Practice-accredited modules published during 1996.

Subscribers who wish to 'catch up' with back copies of accredited articles can use the faxback service on 0891 444791.

Wolverhampton loses out of hours funding

Wolverhampton has lost its out of hours emergency chemist service through lack of funding.

The six pharmacy contractors who provided a 24-hour on-call emergency service will be replaced with the standard phar-

macist on-call procedure.

The \$3,000 funding for the scheme came from Wolverhampton Health Authority's pharmacy budget, but the Department of Health has stated this money cannot be used for on-call fees.

Temazepam reminder

Pharmacists are reminded that temazepam moves into the CD cupboard from April 18.

Following its re-classification as a Schedule 3 drug it becomes subject to the Misuse of Drugs (Safe Custody) Regulations 1973.

This requirement also applies to nursing homes and private hospitals, both for stock items and also for individual's private medicines.

Contractors in England, Wales and Northern Ireland have received a one-off payment of \$127.50 to allow for improved custody.

CD fees have not been agreed, pending the resolution of remuneration talks.

Surgichem talks to lawyers over NPA warning

Surgichem is consulting its lawyers over warnings issued by the National Pharmaceutical Association regarding the company's activities in residential and nursing homes (*C&D* March 9, p314).

The move comes in the wake of the NPA's February Board report, which warned pharmacists about Surgichem's marketing approach, which involved the company making direct approaches to nursing and residential homes offering the Nomad

monitored dosage system. The homes are said to understand Nomad will be provided free by local pharmacists.

The NPA repeats the warning in its latest Supplement, though stressing that it appears to be Surgichem's subsidiary, Pharmaceutical Care Services, that is making the direct approaches. The NPA also asks pharmacists to provide 'feedback information' on Surgichem activities.

The Association argues that the company is putting pharma-

cists in an impossible position: "Supply Nomad at no cost or lose the home".

Surgichem disputes the NPA's arguments. Managing director Norman Niven says the current article is inaccurate and misleading. "PCS is not involved in any way with selling Nomad, PCS is about obtaining payment for pharmacists," he says.

Mr Niven adds that the company is considering its legal position and will be taking appropriate action.

Pay problems could scupper SCRIPTS

The Scottish SCRIPTS project could run into problems if pharmacists are not paid for the equipment and extra manpower involved.

The Scottish Pharmaceutical General Council is making it clear that pharmacists will go along with the scheme, in which prescription data is sent electronically to the Pharmacy Practice Division for pricing, only if their costs are met. The SPGC has discussed payment with representatives of the Scottish Home and Health Department and the PPD.

Says SPGC secretary Dr Colin Virden: "Any [electronic] system will involve extra work and expense for pharmacists. We think that the costs of updating equipment and the day to day

running of the scheme should be borne by the people who want the data, which is ultimately the Government."

Jim Brinton, a single-handed proprietor in Edinburgh who has been involved in SCRIPTS trials, calculates that prescription pricing takes him 20-30 per cent longer than it used to. It has cost him a couple of hundred pounds to update his software and install a dedicated telephone line.

"If the system becomes permanent, I will need to consider employing another half a member of staff," he says.

Alistair Meldrum, of Kennyhill Pharmacy, Glasgow, says: "The main benefit is that the PPD gets the information sooner, but will this mean pharmacists get paid more quickly?"

The PPD says the project is going very well. "Although slightly delayed, as almost every IT project of this type is, SCRIPTS is well on track to be the future mainstream means of processing prescription data in Scotland," a spokesman says. There had been problems, but these were "only minor bedding in and teething problems". All had been resolved or were in the process of being resolved.

Some nine pharmacies have taken part in the pilot and testing phase, with about 90 per cent of pharmacies in Scotland expected to be SCRIPTS sites. The remainder are likely to be small rural, low-volume pharmacies. By mid-1997, most of those pharmacies which intend to be in the system should be incorporated.

Logado advertising claims unsubstantiated, rules ASA

Advertising claims for Chefaro Proprietaries' smoking cessation product, Logado, have been dismissed by the Advertising Standards Authority.

Zyma Healthcare complained to the ASA over an advertisement for the nicotine-free natural smoking cessation product, which stated: "In clinical trials, 62 per cent of smokers who regularly used Logado cut their cigarette intake by 50 per cent or more, 26 per cent of trialists stopped smoking completely".

The ASA ruled that the methodology used was "not adequate" to substantiate the claims.

Thames seminar papers

Do you practice in one of the four Thames regions? Have you a practice research paper you want to publicise? Then the Thames Group wants you to get in touch.

The Group is on the hunt for papers on projects carried out by local pharmaceutical committees or health authorities for a seminar with London's Primary Care Support Force on September 25. For details, contact Hemant Patel by April 30 on 0181 984 9943.

Don't promote alone

Community pharmacists should not undertake health promotion in isolation, advises Dr Henry Elliott, senior lecturer in medicine and therapeutics at Glasgow's Western Infirmary.

Speaking at a health promotion meeting organised by the Scottish Centre for Post-qualification Pharmaceutical Education last month, Dr Elliott said he endorsed an integrated approach, where the pharmacist was incorporated into the primary health-care team. This would allow multiple risk factors to be considered and lead to patients being treated holistically.

ALPS training push

The Association of Local Pharmaceutical Committee Secretaries is drawing up a series of one-day summer training seminars.

In addition, it is considering running joint seminars for LPC secretaries and chairmen. For newly-appointed LPC secretaries, there is a two-day course at Loughborough on April 28-29. ALPS secretary Jean Rothwell says: "We are trying to catch these people because some of them may not know what is going on."

● ALPS has one place going on its free computer training seminar in Bristol on May 8. Contact Jean Rothwell on 01204 847896.



The hidden dangers of home sweet home

Beware the hidden dangers lurking in your home. Yes, you may think that cruet set on top of the tablecloth looks harmless enough, but cruet sets sent 13 people to accident and emergency in 1994, and tablecloths a further eight.

The latest Department of Trade and Industry Home Accident Surveillance System report reveals five people had a run-in with a sieve, 21 with clothes

pegs, 31 with a sponge or loofah, 66 with buttons and 76 with a paper hankie.

And did you know party balloons are more dangerous than fireworks? Well, only 47 people were hurt by a firework, compared with 56 by a balloon.

In the medicine arena, eight had trouble with ear drops, a further eight with nose/eye drops and 52 with vitamin pills or powders, while analgesics topped the

league with 510 accidents. And three visited hospital as a consequence of thermometer use.

So ripe is the home with the potential for injury that even a mini version harbours risks - with 20 people suffering at the hands of a Wendy house.

The 18th report of the 1994 Home Accident Surveillance System is available from: DTI Consumer Safety Publications, Ad-mail 528, London SW1W 9YT.

SYNTARIS SELLS BEFORE HAY FEVER STARTS



Syntaris® is a unique hay fever formulation that can stop hay fever before the hay fever season starts, preventing the onset of sneezing and a runny or blocked up nose. Keeping your customers symptom free.

For best effects Syntaris® should be used up to a week before the start of the season, and continuously throughout the season, which means that you can sell Syntaris® earlier in the year and capture the market before other products start to be effective.

Syntaris® offers your pharmacy a generous margin and a strong pharmacy support/customer education package.

This year the brand will be backed by a £1/2m consumer advertising campaign.

There's no stronger way to control hay fever, so stock up with Syntaris® and start your hay fever remedy sales early.

Syntaris®
Hayfever Nasal Spray
Flunisolide

Abbreviated Product Information SYNTARIS® Hayfever Nasal Spray (flunisolide 0.025% w/v). **Uses** Prevention and treatment of seasonal allergic rhinitis including hay fever. **Dosage.** Adults - two sprays into each nostril twice daily. Children 12-16 years - one spray into each nostril up to three times daily. Maintenance dose - the smallest dose necessary to control the symptoms. **Contra-indications** Untreated fungal, bacterial or viral infections of the nose or eyes; hypersensitivity to the formulation; pregnancy and lactation. **Warnings and Precautions etc.:** SYNTARIS® can enhance the systemic effects of other corticosteroids. Care needs to be taken when transferring from systemic steroids to SYNTARIS® if adrenal impairment is suspected. Use with caution in those with recent nasal septal ulcers, recurrent epistaxis, or after recent nasal surgery or trauma as wound healing can be impaired. **Side effects:** Aftertaste; mild, transient nasal burning and stinging. Less frequently, nasal irritation, epistaxis, runny and stuffy nose, sore throat, hoarseness, throat irritation and, rarely, smell/taste alteration and nasal septal perforation. **Shelf Price:** 10ml bottle: £4.24 excl. VAT. **Product Licence Number:** 0031/0405. **Legal Classification:** Pharmacy only. **Date of Preparation:** 5.3.96. SYNTARIS® is a registered trade mark.



Full information is available on request from Promoter
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Welwyn Garden City, Hertfordshire AL7 3AY.
Alternatively contact your Roche Consumer Health Territory
Manager or Roche Consumer Health Customer Services
Department on. Telephone: 01707 366203

Distribution on agenda

The Royal Pharmaceutical Society's Council is to prepare a document on the distribution of community pharmacies.

Council also agreed the topic should be discussed with the Department of Health's chief pharmacist, Bryan Hartley.

Hemant Patel presented a paper on community pharmacy dispensing workload and remuneration distribution to support his belief that distribution was "being remodelled using a new back-loading method of remuneration".

Mr Patel wondered whether the Department was discriminating against large numbers of single-handed pharmacies and whether there would be an adverse effect on the distribution network.

He thought present remuneration arrangements would accelerate the demise of the independent and was concerned about a recent speech in which Mr Hartley claimed the future would be set by public limited companies. He wondered what form Mr Hartley wished the profession to take in the future.

Christine Glover asked for a short document to be produced, highlighting the main points raised in the debate. A decision could then be taken on how each point could be addressed.

Electronic voting stopped Council decided not to continue with the electronic voting system which has been installed on trial in the Council chamber since February.

Mr Ferguson reminded members that the system cost

\$12,650, plus installation. If the Council recorded as few votes in the future as it had recorded in the previous two months, the office could cope with taking the names manually. There was no suggestion that votes should not be recorded.

Alison Blenkinsopp thought the membership had a right to know how Council voted and they had been told this was not feasible with a manual system. She had expected a debate on the question of which votes would be published and why.

David Sharpe was in favour of recording the vote and generally in favour of publishing it, but he thought \$12,000 on an electronic system was a waste of money. The president, Ann Lewis, said Council needed to decide which votes needed recording and why, so the matter would be discussed again at the July meeting.

Continuing education monitoring Council agreed that, when completing their annual retention fee form, pharmacists should be asked to volunteer how much continuing education they had undertaken in the previous year. All, or a large sample, would then be analysed and the results be reported back to Council.

Prereg training improvement Council agreed that the Society should take steps to improve performance requirements for newly-registered pharmacists, beyond those in the current core competencies, to produce a "better all-round" pharmacist.

The new goal would replace

the long-standing policy of working towards a mandatory joint preregistration year involving six-month periods in both hospital and community pharmacy. A compulsory split year had been recommended in 1987. The new policy would aim to achieve the same objective by specifying broad outcomes of training rather than by requiring a certain structure to the year.

Advertising regulations The Law and Ethics Policy Committee noted that a proposed restriction on the advertising of products for musculo-skeletal pain had now been changed following representations.

The Medicines Control Agency's original proposal had been for a ban on advertising to the public of medicines for the treatment of "serious musculoskeletal disorders, including arthritis". The proposal had been amended to cover products for "joint, rheumatic and collagen disease" (such as septic arthritis, rheumatoid arthritis, gout and polymyalgia rheumatica), with an exemption for products for "the symptomatic relief of sprains and strains, and pain due to non-serious arthritic and rheumatic conditions".

Professional competence Council approved a document on 'Good practice for ensuring professional competence', setting out a simple cyclical process by which pharmacists might seek to maintain or enhance their competence. It will be published in future editions of 'Medicines, ethics and practice: a guide for pharmacists'.

MCQ amendment

There is an error in the question numbering of the schizophrenia module in the MCQ paper enclosed with this week's issue. There are five choices listed in question F, however (5) should be numbered as a separate question (G).

BPC reminder

Pharmacists are reminded that April 17 is the closing date for submission of communications and posters for the pharmacy practice research session at the 1996 British Pharmaceutical Conference in Glasgow.

OTC poster

All UK pharmacies will receive a poster asking patients 'to help the pharmacist help them' by providing details in response to the standard protocols for the sale of OTC medicines. Designed by Sheila Phillips of the Welsh Centre for Postgraduate Pharmaceutical Education, the poster forms part of the Reckitt & Colman Pharmactive initiative.

Skin survey ...

The Skin Care Campaign is asking people to come forward with their experiences of skin problems at work. Questionnaires are available from the Skin Care Campaign, 163 Eversholt Street, London NW1 1BU, or telephone 0171 388 5655.

... and media push

Merck-Whitehall Dermatologicals is starting a five-day media tour on April 15 to raise awareness of eczema and the benefits of maintenance therapy. In addition to radio and press, an eczema helpline is being funded on 0181 994 9825.

Which? hits ABPI

Which? Health has criticised a voluntary manufacturers' code aimed at allowing greater public access to drug information. In an investigation of nine pharmaceutical companies, the magazine concluded that the code cannot meet its own targets. An Association of British Pharmaceutical Industry spokesperson says *Which?* is being "a trifle unfair. It's only just started and it's clearly going to take some time for companies to adapt".

More drugs cash

The Government has pledged £940,000, a rise of 30 per cent, for voluntary agencies specialising in drug abuse.

BRITISH PHARMACEUTICAL STUDENTS' ASSOCIATION CONFERENCE

BPSA calls for independent audit for P sales

The Royal Pharmaceutical Society should contract an independent body to assess the appropriate sale of pharmacy medicines, says the British Pharmaceutical Students' Association.

Voting unanimously at this year's BPSA Conference in Leicester, motion proposer Philip Wragg (ex-Nottingham) said the profession needed to take control of auditing through a programme of test sales and should not leave it to the likes of *Which?*. "We need it so we know where we are going right and where we're going wrong."

Bronagh Killen (ex-London School of Pharmacy) did not

believe pharmacists would object to such tests. "It's the only way you'd know if the training message had got through [to pharmacy assistants]. Pharmacists would get feedback and refocus their training."

Delegates heard that pharmacy was quick at making excuses for outside criticisms, but rarely came up with anything positive to rectify these problems. By taking control of its own audit and using its own protocols the profession could help improve standards, as well as demonstrate its commitment to patient care.

Other motions carried at the

conference included:

- the RPSGB should publish a summary of the results of accreditation visits to Schools of Pharmacy;
- there should be a minimum wage for all qualified pharmacy counter assistants
- the Department of Health should improve its system of disseminating drug alerts to health professionals so that they receive information before its release to the public
- the RPSGB should only accredit new four-year courses that have an increased and standardised social and behavioural sciences content.

Stamping out DoH cuts?

Last week, I received the Department of Health's new updated information explaining to patients the help available with health costs. I was asked to display their poster and use the display stand to encourage the public to read the new booklet, HC11. All very fine, but the range of information was incomplete with my pack omitting forms HC12 and FP92A, without which the booklet of information became a nonsense.

So much for departmental efficiency, but what about parsimony. I am not only being asked to display this information for free but, when having enthusiastically distributed my meagre initial supplies I wish to apply for more leaflets, I am expected to pay the postage!

This may seem a pet criticism, but is a growing trend in Government started many years ago by the Inland Revenue and now spreading to the DoH. This one mail out alone should mean 10,000 pharmacists quickly requesting more leaflets. At 25p per time, £2,500 is hardly petty and not an inconsiderable saving to the NHS budget.

Hear, hear for the NAC!

I have always vehemently opposed the prescription tax and actively encourage patients to claim their exemption entitlement, but if this is not applicable, then I also point out the potential savings of a prepayment certificate. In fact, I do everything in my power to limit the extent of this most unfair of taxes. So, unreservedly, I endorse the campaign by the National Asthma Campaign to more widely publicise the availability of pre-payment certificates and to make them more accessible to those people on low incomes who need them most (*C&D* April 6, p445).

However, direct cost is not the only problem as many patients are also unable to predict whether the number of

Topical Reflections



prescription charges they have to pay in a given period of time will exceed the price of a pre-payment certificate.

This is particularly unfair, as the National Asthma Campaign has highlighted, to those who can least afford it, but the problem could be quickly solved if payments of prescription tax were recorded and accumulated, such that, when the charge for a period certificate was exceeded, then that certificate could be deemed as issued and dated as from the date of the first charge levied. On expiry the whole process would then be repeated.

I would suggest that a card similar to a television licence stamp card could be issued by pharmacists with stamps issued and dated when prescription charges were collected. A full card would automatically become a prepayment certificate and with the whole transaction taking a minimum of time and no unnecessary paperwork it is one that I would even be prepared to administer for free!

Economies of scale don't work for me

As new pharmaceutical products are introduced to the market, I am becoming increasingly concerned over the capital costs of maintaining adequate stock levels. Only this week, Ciba-Geigy has launched a matrix of its already successful reservoir Estradem range, and in all three strengths. I presently have to keep at least six months' supply of each strength in stock to satisfy a single prescription, but, at a stock investment of £134, I cannot afford to keep similar quantities of this alternative.

This is a problem that once again highlights the difference of the economy of scale between individual community pharmacists and their multiple competitors. Demand for new products is notoriously difficult to estimate and takes time to settle into local patterns of predictability. In my case, this has often meant the disposal of some highly expensive out of date drugs when local habits suddenly changed, but the multiples are quickly able to move stock around branches according to demand.

At the moment, I have no choice other than to react according to market forces, but, as the smaller quantities in patient packs limit the flexibility of the broken bulk facility, I would like to hope that manufacturers recognise the independent's particular problems by offering their expensive new products on a more reasonable sale or return basis.

PHARMACIST PEN PORTRAIT

Laurence O'Kane



● **Qualified** in 1985 after graduating from Queen's University, Belfast, and undertaking a split pre-reg at City Hospital and at a healthcare centre at Skegoniel, both in Belfast.

● **Career** Worked at Heron Chemists in Portrush, County Antrim, for seven months before setting up a pharmacy in his home town of Draperstown, Londonderry, where it became one of only three outlets. However, four years ago, an opportunity arose to buy the other two pharmacies in the town, one of which he closed down. He has two pharmacists working for him.

● **Projects** Because of the unique position of running the only two pharmacies in the town, Laurence's patient medication records are comprehensive. "We have around 7,500 people registered, nearly all patients and their GPs. PMR becomes a real benefit when you don't have other pharmacies competing," he says. Laurence also runs health promotion schemes. His shop has opened on Sunday six weeks before Christmas for the past ten years.

● **Committees** Member of the Ulster Chemists' Association; chairman of Draperstown Celtic Football Club.

● **Interests** Plays football and owns two racehorses, Shernadede and Miss Indonesia.

● **Outlook on life** "I was the last of a family of ten children, so we didn't have much to live on. I now have two children of my own and believe in living for the moment."

● **Pharmacy philosophy** "The Government is trying to cut margins and it has now got as low as it can get and will force a few people out of business. Pharmacy needs to move with the times and go wherever the money is. It is a business first and foremost, and cannot exist as a profession if it hasn't got the economic and business sense."

Laurence was up before the Society's Statutory Committee four years ago for selling antibiotics for cattle and, although he got off with a warning, he says it was an unpleasant experience which he does not recommend to anybody.

If 91% of dentists recommend Corsodyl, what do the other 9% recommend?*



CORSODYL
chlorhexidine gluconate

Virtually all adults experience bleeding gums every year. This is not due to excessive brushing but is a symptom of gum disease; the most common cause of tooth loss. Corsodyl is the most clinically effective oral antimicrobial for use against gingivitis and this is why the vast majority of dentists already recommend Corsodyl Mouthwash to treat gingivitis.

The success of Corsodyl extends beyond the dental surgery to the management of other oral conditions

which you will encounter such as recurrent oral ulceration, denture stomatitis and oral thrush. Over twenty years of unrivalled dental and pharmacist endorsement and extensive clinical trials prove Corsodyl's efficacy.

Prescribe and recommend Corsodyl to your customers and you will see we're not making any false promises.

Corsodyl – The gold standard.

Corsodyl Uses: Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene; promotion of gingival healing following surgery; useful in the management of aphthous ulceration and oral candidal infections. Presentations. Spray and Mouthwash: Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: Clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: Clear colourless gel containing 1% w/v chlorhexidine gluconate. Dosage. Administration. Spray: Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10 ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10 ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. Ulcers, oral candidal infections: Apply gel directly to sore areas. For gingivitis, use for a month. For ulcers, oral candidal infections, use for 48 hours until complete resolution. Contraindications. Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. Precautions. For oral use only, keep out of eyes and ears. Side effects. Occasional irritative skin reactions. Extremely rare allergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur, usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional parotid swelling. Overdosage. Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable. Product numbers and Basic NHS Cost 'Corsodyl' Spray (0079/0311) 60 ml (OP) £3.39. 'Corsodyl' Mouthwash (0079/0313) 300 ml (OP) £1.67. 'Corsodyl' Mint Mouthwash (0079/0312) 300 ml (OP) £1.67 600 ml (OP) £3.34. 'Corsodyl' Dental Gel (0079/0314) 50 g (OP) £1.10. Legal Category P Date of last revision December 1995 Licence Holder SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD 'Corsodyl' is a trademark. SB SmithKline Beecham Consumer Healthcare

Oestrogen patch for postnatal depression

Severe postnatal depression can be effectively treated with transdermal oestrogen, says a new study published in *The Lancet*.

Postnatal depression affects about one in ten women during the first few months after giving birth. It can be severe and resistant to both support and counselling, and to treatment with antidepressant drugs. Safe and rapidly effective treatments are needed, as research shows that children of depressed mothers suffer impaired development.

The antidepressant efficacy of oestrogen in postnatal depression was investigated using a double-blind, placebo-controlled study of 61 women with major depression, which started within 12 weeks of childbirth and persisted for up to 18 months postnatally. They were randomly assigned to active treatment with oestrogen (transdermal 17-beta oestradiol 200mcg daily alone for three months, then three months with added cyclical dydrogesterone 10mg daily for 12 days each month) or placebo patches and tablets. Nearly half the patients

in the actively treated group had been taking conventional antidepressant drugs for at least six weeks without any benefits before they entered the trial.

Monthly assessments were made by self-ratings of depressive symptoms on the Edinburgh postnatal depression scale (EPDS) and by clinical psychiatric interview. During the first month of therapy, women receiving oestrogen improved rapidly and to a greater extent than controls. Patients receiving placebo treatment did improve with time, but their scores, on average, did not fall below the screening threshold for major depression for at least four months.

The response to oestrogen was independent of a range of factors, such as age, psychiatric, obstetric and gynaecological history, the severity and duration of the current episode of depression, and concurrent antidepressant medication.

The placebo group dropout rate after the third month was higher than in the active treatment group.

Drugs in development

New drugs likely to become available over the next few years include treatments for Parkinson's disease, multiple sclerosis, impotence and a new oral treatment for asthma.

In clinical studies, ropinirole (Requip - Smithkline Beecham), a dopamine D2 receptor agonist, has proved an effective treatment for patients with early Parkinson's disease.

A six-month controlled study evaluated the drug in patients who had previously been given any anti-Parkinson therapy. The ropinirole-treated patients showed a statistically significant difference in improved motor function over placebo-treated patients (+24 per cent for ropinirole patients versus -3 per cent for placebo).

Ropinirole has been filed with the Medicines Control Agency and is currently under review in the US.

Ciba's Pharmaceutical Division is collaborating with Neurocrine Biosciences on the development and marketing of a new drug to treat multiple sclerosis. Neurocrine has designed modified small peptides, called Altered Peptide Ligands (APLs), that can suppress destructive cells of the body's immune sys-

tem in animal models of MS. Clinical studies of a compound should begin as early as this year. According to Dr William Jenkins, head of pharma development at Ciba, "The APLs are a promising specific approach in the treatment of MS."

Pfizer is currently developing an oral treatment for impotence, and several hundred British men are taking part in its final worldwide trial before it is submitted for marketing approval.

Sildenafil, originally investigated as a possible cardiovascular drug, can be discreetly swallowed about an hour before intercourse and is said to only work when men are receiving sexual stimulation. Sildenafil works by temporarily blocking the inhibition mechanism which causes an erection to subside.

A new oral treatment for asthma was submitted for approval in the UK by Zeneca in June, 1995, and is currently undergoing regulatory review. Accolate (zafirlukast) is a leukotriene receptor antagonist and is expected to be used initially for the prevention and treatment of mild to moderate asthma in adults and adolescents who are not adequately controlled by beta agonists alone.

Smoking and cervical lesions

Giving up smoking could have a beneficial effect on early cervical abnormalities, concludes a report in *The Lancet*.

It has been suggested that cigarette smoking plays a role in the development of cervical cancer, but this has been difficult to prove due to potential confounding by sexual behaviour.

The researchers investigated the effect of reducing or giving up smoking on the course of minor grade cervical lesions in 82 volunteers. At each visit during the six-month study, smoking histories were noted and a photograph was taken of the cervix, which was digitised and the lesion size was assessed.

It was found that there was a significant correlation between the extent of smoking reduction and the change in lesion size, which supports a link between smoking and cervical disease.

GTN patches studied for period pain

Transdermal glyceryl trinitrate (GTN) may be an effective treatment for dysmenorrhoea, according to a report in the *British Medical Journal*.

Primary dysmenorrhoea, commonly referred to as period pain, is one of the most typical gynaecological problems, affecting up to half post-pubescent women. The pain of dysmenorrhoea is associated with increased intra-uterine resting and peak pressures. Effective treatment is associated with uterine relaxation. As GTN appears to relax uterine contractions in pre-term labour, researchers studied whether it could be used to relieve dysmenorrhoea.

Eleven women with persistent and regular severe dysmenorrhoea completed the randomised, double-blind, placebo-controlled trial. They were given adhesive matrix patches that were either placebo or released

10mg GTN transdermally every 24 hours. The patches were cut into quarters and the women applied one quarter (active patches releasing about 2.5mg GTN) to their abdomen when pain began. The quarter patches were replaced every 24 hours while pain persisted, up to a maximum of four consecutive days per cycle.

Those who were given active patches during the first cycle were given placebo during the second and vice versa.

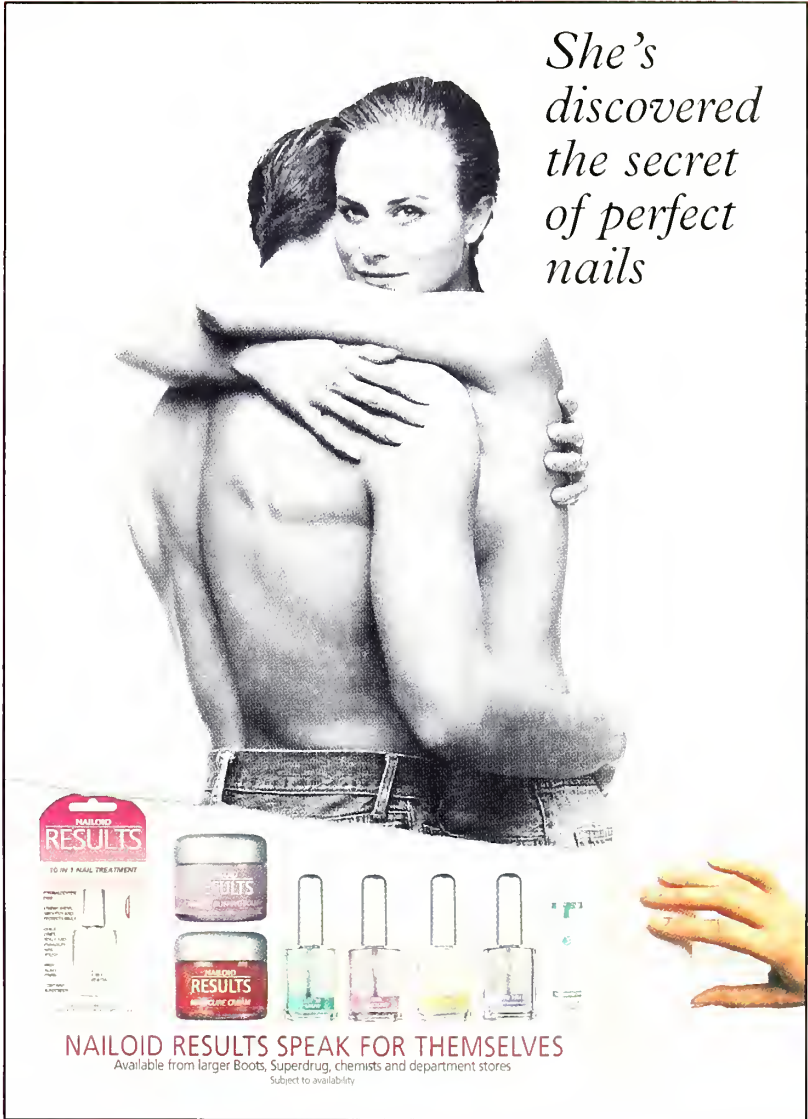
Menstrual symptoms, possible side-effects and usual use of analgesics were recorded by the women. The total pain score (the sum of the daily scores during each treatment cycle) was found to be lower with active treatment than with placebo. The pain recorded on the worst day of the treatment was also lower with GTN. There was no significant worsening of headache and the

only adverse reaction recorded was mild skin irritation.

GTN therapy has a number of important advantages: none of the contra-indications applicable to non-steroidal anti-inflammatory drugs or combined oral contraceptives apply; combined oral contraceptives have to be used throughout the menstrual cycle, whereas NSAIDs are most effective when started before the onset of menstrual symptoms; GTN has a short half-life and disappears rapidly from the circulation; and the patches can be applied and removed as required giving the patient a greater degree of control.

The authors admit the power of the study to detect the level of pain reduction was small, but comment that the observed reductions are of a clinically-useful size and suggest that transdermal GTN may be an effective treatment for dysmenorrhoea.

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COUNTERpoints



Hedex takes the ibuprofen route

Smithkline Beecham is extending its Hedex range of analgesics with the launch of Hedex Ibuprofen.

The tablets contain 200mg of ibuprofen and come in one pack size only – containing 12 tablets. They will retail at \$1.35.

The introduction is to be supported by a \$1.5 million television advertising campaign using the already established, 'Have you got a headache or have you got a Hedex?' strapline. A new ibuprofen-specific execution will break in June.

Smithkline Beecham Consumer Healthcare.
Tel: 0181 560 5151.

Dramamine appeal sets sites on £20,000 for 1996

Following the success of last year's Dramamine Happy Traveller Appeal, Searle is teaming up again with the NSPCC to raise funds.

Last year, \$15,000 was raised and the company hopes to top \$20,000 this year.

The key activities of the appeal include:

- \$0.02 donation guaranteed from every pack of Dramamine sold
- a monthly pharmacy staff competition (with Marks & Spencer

voucher prizes)

- special Dramamine 14 for 12 bonus packs from this month.

AAH Pharmaceuticals, Numark and Sangers will be distributing new coin collection boxes



and leaflets this month.

For a fund-raising kit contact Susan Reviere at Searle.

Searle Pharmaceuticals.
Tel: 01494 521124.

Toothbrushes going PC

Reboot toothbrushes are the most recent additions to Stafford-Miller's character brush range. 'Reboot' is a television cartoon series set inside a PC, telling tales of the magical city of Mainframe.

The metallic Sensodyne angled small toothbrushes feature three characters from the TV show: Bob, Enzo and Frisket. They retail at \$1.75.

● 'Reboot' is currently back on television with its second series. In the last four weeks, viewing share among children has consistently been in excess of 33 per cent, with figures upward of 1.2 million.

Stafford-Miller Ltd. Tel: 01707 331001.

Light the way with Floralites

A new range of scented oil burners, called Floralites, is now available.

Made of paraffin oil and dried flowers, there are four shapes available – heart (200ml, \$11.99); candlestick (80ml, \$9.99); ligna d'oro (80ml,

\$12.99); and conica (200ml, \$12.99) – in four different fragrances. The scents are: mountain spring (coloured blue), nuit d'amour (pink), peach and ligna d'oro (an oriental fragrance).
Heathcote & Ivory Ltd.
Tel: 0171 935 1975.

Serenoa-C supplement surge

Wassen International is backing its specialist men's food supplement, Serenoa-C, with a £250,000 promotional campaign.

The public relations programme will include mass customer sampling through

consumer magazines.

The supplement contains the herb Serenoa repens, which is said to help to keep the male constitution and male prostate gland in good condition.

Wassen International.
Tel: 01372 379828.

Electrolade exposure

Eastern Pharmaceuticals is backing its Electrolade rehydration treatment with its first-ever advertising campaign.

The

\$250,000 spend includes advertising on radio, as well as in women's magazines. The campaign will run until the end of the year.

Electrolade is available in boxes of six or 20 sachets. The retail price is \$7.03 for the 20 and \$2.11 for the six-pack. Each box includes a patient leaflet.

New point of sale is also available in support of the campaign.

Eastern Pharmaceuticals Ltd. Freefone: 0800 371793.



Cod liver oil just gets stronger

Seven Seas is relaunching its High Strength Pure Cod Liver Oil capsules in what it describes as "a super concentrated formula".

The new, smaller capsules contain the same levels of vitamins A, D and E, as well as the full 120mg of the essential omega-3 nutrient EPA (eicosapentaenoic acid).

The launch also coincides with the introduction of a 120-capsule pack (\$7.25).

The concen-

trated formula launch is to be supported by a \$750,000 national television and press campaign running from now until July.

- Sales of Seven Seas High Strength Pure Cod

Liver Oil capsules are worth over \$11 million and have increased by nearly 20 per cent in the past year, the company says.

Seven Seas Healthcare Ltd. Tel: 01482 375234.



FROM DRY SKIN TO ECZEMA - IT'S EFFECTIVE AND ESSENTIAL.



WASH
E45

Cream E45 helps in achieving the skin's optimum moisture level. Millions of people have been without the success of the clinically proven, effective and soothing emollient.

Beside Cream E45, the E45 range includes many other dermatological products, all of which have been formulated and carefully designed to complement one another.

BATH
E45

Wash E45 is a unique, non-drying emollient soap substitute. Bath E45 moisturises and protects with a long lasting emollient barrier. Lotion E45 is an effective moisturiser that easily spreads over large areas of dry skin. And Hc45 Hydrocortisone Cream 1% is the most effective treatment you can recommend for mild to moderate eczema.

LOTION
E45

Effective for a wide range of dry skin conditions, from ichthyosis to eczema to contact dermatitis to general dryness, all E45 products are formulated without potentially sensitising additives.

That means you can rely on this unique range to offer your customers a unique choice and value - the quality to their skin.

Hc45

**E45
COMPLEMENTARY
THERAPY
FOR DRY SKIN.**

PRODUCT INFORMATION: CREAM E45: White bland emollient cream for the treatment of dry skin. Cream E45 is a non-steroidal, non-antibiotic, non-hypochlorogenic, anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, during the use of any emollient, and for the treatment of chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema, and for the treatment of dry skin. **Dosage and administration:** Apply sparingly to a small area, once or twice daily. **Contra-indications, warnings etc:** Cream E45 should not be used on broken or infected skin. **Packaging quantities:** Tubes containing 50g, 125g and also 500g. **RSP:** Tube 50g £1.85, 125g £3.75, 500g £15.75. **Legal category:** (S1). **Product licence number:** PL 0327 5924. **Product licence holder:** Crookes Healthcare Ltd., Nottingham NG2 6AA. **Date of preparation:** October 1995. **Hc45 HYDROCORTISONE CREAM:** Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of mild to moderate eczema, contact dermatitis, allergic reactions, insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice daily. **Contra-indications, warnings etc:** Hc45 should not be used on the eyes or face, the genital area or on broken or infected skin. **Packaging quantities:** 10g, 30g, 50g, 100g, 200g, 500g. **RSP:** 10g £0.55. **Legal category:** (S2). **Product licence number:** PL 0327 0039. **Product licence holder:** Crookes Healthcare Ltd., Nottingham NG2 6AA. **Date of preparation:** April 1995.

Nutralia's natural move into conditioners

Following Laboratoires Garnier research that revealed that most people prefer to use the same brand conditioner as their shampoo, the company is extending its Nutralia range to a line of conditioners.

Other research also found that in Europe the UK had the highest number of people using a conditioner in a week – some 27 per cent, compared to 17 per cent on average (Taylor Nelson ETCD).

The three conditioners all contain the Nutri-Cream complex, which contains cationic conditioners and protective oils, and complement the range of six shampoos. The three variants are: normal hair, dry or damaged and fine or fragile.

Available from May, they will retail at £1.99. Laboratoires Garnier. Tel: 0171 937 5454.

Figure Trim 8 shapes up

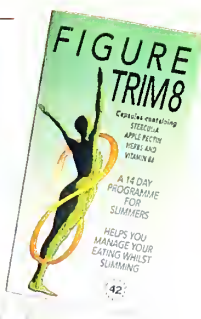
Packs of appetite suppressant Figure Trim 8 now have a new look, featuring a logo of a woman.

Part of the FSC range of supplements and minerals, the brand redesign follows a witty national advertising campaign, which shows a stomach being told to belt up and stop

complaining that it is hungry.

Pack prices remain the same at \$2.19 for a 15-capsule pack and \$5.49 for 42.

The Health & Diet Company Ltd. Tel: 01204 707420.



AVD's sun protection for hair

AVD Cosmetics is extending its Sun range to hair care and also introducing three new body products.

The hair care line-up comprises: Sun Revitalising Shampoo (250ml, \$7), Sun Hair Repair Conditioner (250ml, \$9.50) and Sun Hairspray (\$237ml, \$9). The three products are also available together as a set, retailing at \$19.

The new body products are: Sun Gentle and Reviving Cleansing Gel (250ml, \$7), Sun Gentle and Reviving Repurifying Body Scrub (250ml, \$8.50) and Sun Gentle and Reviving Moisture Therapy Lotion (250ml, \$9.50). A set of these three products is also available at a price of \$17.50.

AVD Cosmetics Ltd. Tel: 0171 636 7911.

Indie support for Pacific Light

Gillette is backing the launch of its latest Gillette Series variant, Pacific Light, with a variety of promotions for independents.

A merchandising unit, which contains seven lines with three selling units of each Pacific Light product, is available at a cost of \$30. This includes three shower gels free of charge (rrp \$2.19 each). It also comes with a launch pack comprising window card, poster and shelf reservoirs.

To back the move into shower gels, throughout May, all Gillette Series shower gels will be available for \$1.79 each.

Finally, all Series shaving preparations will have \$0.50 off with the Sensorexcel razor on offer with \$1 off (rrp \$3.65). Sensorexcel cartridges will be at the same price as the standard Sensor and skin conditioners will have \$1 off.

Again, throughout May, 4,000 independents will receive a copy of Gillette's 'Male' grooming report.

Gillette UK Ltd. Tel: 0181 560 1234.

\$2.5m support for Johnson's new Suncare

To support the launch of Johnson's Suncare, Johnson & Johnson is investing in a £2.5 million marketing campaign.

A total of £1m will be spent on national television advertising, as well as a print campaign in key women's and parenting press over the summer months.

Both TV and press executions use the same theme, 'You and Johnson's Suncare: protection for happy family memories'.

To encourage trial, the sun care range will also benefit from a consumer public relations programme, incorporating reader offer promotions and educational initiatives.

Johnson & Johnson Ltd. Tel: 01628 822222.

Luna number

The correct number for Luna Cosmetics, distributor of the Baywatch range of products, is **0181 443 3636** and not as reported in Counterpoints, March 30.

Vitamin deals

Unichem is promoting its own-brand vitamins and supplements with up to 25 per cent off trade prices. The offer runs until the end of April.

Unichem plc. Tel: 0181 391 2323.

Femidom at Chartex

Chartex is now distributing the female condom, Femidom. From May 1, the recommended retail price will be £4.49 for a pack of three.

Chartex International plc. Tel: 0181 965 2813.

BSE and cosmetics

Collection 2000 has issued a statement assuring customers that all its products are free of any ingredients of UK bovine origin.

Collection 2000 Ltd. Tel: 01695 50078.

P&G drinks

Procter & Gamble is currently test marketing two new soft drinks: Punica and Sunny Delight. Sunny Delight is vitamin enriched.

Procter & Gamble Ltd. Tel: 0191 279 2000.

Agfa APS prices

Agfa's rrps for its APS range are as follows: Futura 100 (25 exposures), £3.99; Colour Film (40 exposures), £4.99; Futura 400 (25 exposures), £4.79; Colour Film (40 exposures), £5.79; Agfa Easy, £10.99; and Single Use Camera Non Flash, £7.99. These last two prices include a £1 deposit for recycling.

Agfa-Gevaert Ltd. Tel: 0181 560 2131.

Orchid offers

Orchid Drinks is offering leisurewear with orders for Aqua Libra Summer Fruits and Purdey's Gold during April and May.

Orchid Drinks Ltd. Tel: 01429 863534.

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Helfex, 63 Hampton Court Way, Thames Ditton, Surrey KT7 0LT.
Tel. 0181 398 9520.

Sufferers choose it for You recommend it for Brilliant new deal for you in 1996 peace of mind

With Clarityn Allergy, hayfever sufferers get what they want; relief from symptoms within minutes¹ – nothing works faster! What's more they'll stay alert throughout the day² and be sure of a full 24 hours relief³ from a single tablet.

With Clarityn Allergy you get all the peace of mind you need. Clarityn Allergy has two metabolic pathways⁴ so there are no clinically relevant drug interactions.^{5,6,7}

Equally important, Clarityn Allergy does not potentiate the effects of alcohol.⁸

Last but not least, there's a brilliant new deal for you and your customers in 1996 – an unbeatable 35% POR on both Clarityn Allergy and Clariteyes, and a new 7 tablet pack for the same retail price as last year's 5 tablet pack.



Product information

Clarityn Allergy: Clarityn Allergy tablets contain 10mg loratadine. **Indications:** For the relief of symptoms associated with hayfever, allergic rhinitis and urticaria. **Dosage:** Adults and children aged 12 and over: One tablet once daily. **Contra-indications, precautions:** Hypersensitivity. Pregnancy and lactation. **Side-effects:** Rarely, fatigue, nausea and headache. **Pack size:** Cartons of 7 tablets. **Retail price:** £3.95. **Legal category:** [P]. **Product licence number:** 0201/0375. **Product licence holder:** Schering-Plough Ltd., Welwyn Garden City AL7 1TW. Date of last revision: August 1994. **Clariteyes:** Clariteyes Eye Drops contain sodium cromoglycate Ph.Eur. 2% w/v. **Indications:** For the treatment of acute seasonal (allergic) conjunctivitis including hayfever. **Dosage:** Adults, children and the elderly: One or two drops into each affected eye up to four times daily. **Contra-indications, precautions:** Hypersensitivity. **Side-effects:** Transient blurring of vision, burning, stinging may occur. **Pack size:** 10ml. **Retail price:** £3.95. **Legal category:** [P]. **Product licence number:** 0201/0191. **Product licence holder:** Schering-Plough Ltd., Welwyn Garden City AL7 1TW. **Manufacturer:** Waverley Pharmaceutical Ltd., Runcorn, Cheshire WA7 1QE. Date of preparation: January 1994. Prices correct at the time of going to press.

References: 1. Goto Romar L. *Today's Ther. Trends*, 1988; 6, 19-27. 2. Bets T. *et al.*, *Proc. XIII Int. Congr. Allergol. and Clin. Immunol.*, Montreux 1988; 75-79. 3. Banov G. *J. Int. Med. Res.*, 1989; 17: 150-156. 4. Hey J.A. *et al.*, *J. All. Clin. Immunol.*, January 1994. 5. Afrime M.J. *et al.*, *J. All. Clin. Immunol.*, 1993; 91(1): 259. 6. Data on file, Schering-Plough. 7. Data on file, Janssen Research Foundation, February 1993. 8. Minner L., Plumet H., Bueckman M. *Eur. Acad. of Allergol. and Clin. Immunol.*, *Endop.*, May 1986; Abstract.



SCHERING-PLOUGH CONSUMER HEALTH
DIVISION OF SCHERING-PLOUGH LTD WELWYN GARDEN CITY AL7 1TW

Plax attack

Colgate-Palmolive is following up its current Colgate poster campaign with a trio of new executions for Colgate Plax.

Appearing mid-April for three weeks, the three poster ads are: 'Plax Attack', which carries the strapline 'Clinically proven to remove 24 per cent more plaque than brushing alone'; 'Plax Worx', which reads 'The only mouthrinse accredited by the BDA'; and 'Plax Protex', which has the slogan 'Keeps on working for up to 12 hours'.

Colgate-Palmolive Ltd. Tel: 01483 302222.

Shades of elegance

Sunglasses manufacturer Silhouette has launched its largest-ever range.

The Elegant Collection features 'Jackie O'-style sunglasses in four models, a Sixties' retro range and a metal frame line. Prices start at around £80.

Silhouette. Tel: 0181 889 9997

Efamol gets £500,000 support

The Efamol evening primrose oil brands will be supported by a \$500,000 trade and consumer advertising campaign, plus a direct mail initiative over the next eight months.

Efamol Original and Pre-menstrual Pack, Efamol and Efamol Marine will be the focus of consumer advertising which begins in May targeting upmarket women and older people who want to take an active role in managing their health. Ads will be

appearing in *She*, *Good Housekeeping*, *Woman & Home*, *Options*, *Family Circle*, *Top Santé*, *Marie Claire* and *Cosmopolitan*.

They will be backed up by a series of special offers rolled out during the course of the campaign. An Air Miles promotion directed at the consumer will offer ten couples trips to Europe and the winners a holiday in New York. There will also be linked Air Miles' incentives for Efamol stockists.

New point of sale material is being developed to highlight the research-validated benefits of Efamol EPO products. This is available direct to retailers from the company's sales operations department (tel: 01306 742800).

This activity follows price restructuring in February to make Efamol brands more competitive with other major branded lines. **Zyma Healthcare. Tel: 01306 742800.**

Luxury luggage line gets Very MC

Very MC is the new men's fragrance from leather goods marque MCM.

Targeting the young trendsetter, the fragrance itself has a clean and fresh top note combined with fruit and citrus. Heart notes are dominated by jasmine and geranium, with a dry

down of cinnamon and sandalwood.

There are only two products in the line-up: a natural edt spray (100ml, \$32.50) and a natural body spray (100ml, \$18.50).

The Perfume & Beauty Partnership Ltd. Tel: 01483 282486.

Burberrys' bodies

The Burberrys of London fragrance lines for men and women are both being extended to a new range of body products.

In the women's line a perfumed bath and shower gel (200ml, £16), body lotion (200ml, £18), natural deodorant spray (150ml, £13) and perfumed soap (100g, £9) join the perfume.

For men the new line comprises: natural deodorant spray (150ml, £13), after shave balm (100ml, £17), all over shampoo (200ml, £14) and deodorant stick (75g, £13). **Fragrance Factory Ltd. Tel: 0171 284 1456.**

'The Mask' makes it into the bathroom

In July, Prelude UK is introducing a new range of licensed toiletries, this time riding on the back of the 'The Mask' movie, starring Jim Carrey.

The characters are also currently seen in an animated series on BBC TV, which attracts an audience of between 4-6 million children.

The bathtime products will include 3D toothbrushes, toothbrush holders and 3D bubble bath.

Because 'The Mask' has proved popular with adult audiences, too, there is also a men's range of Mask shave stands, 3D toothbrushes and toothbrush holders.

● In May, Prelude will be launching two other new ranges: Muppet Treasure Island (to coincide with a new movie to be released at the same time) and Balto (themed around Stephen Spielberg's latest animated movie). **Prelude UK Ltd. Tel: 0191 233 0293.**

MMC INVITES EVIDENCE INTO THE ACQUISITION OF MILUPA LTD BY NV NUTRICIA

The Secretary of State for Trade and Industry has referred the acquisition of Milupa Ltd by NV Nutricia to the Monopolies and Mergers Commission.

The Commission will be considering the effects of the merger on the market for baby milks and baby meals in the UK.

The Commission would welcome any views from interested parties in writing, by 29 April 1996 if possible. Anyone wishing to submit evidence, or to obtain a copy of the full terms of reference, should write to: The Reference Secretary (Nutricia/Milupa), Monopolies and Mergers Commission, New Court, 48 Carey Street, London, WC2A 2JT.

FOCUSING ON THE PUBLIC INTEREST.

ON TV NEXT WEEK

Alberto Culver V05: U, STV, C, A, HTV, W, M

Ambi-Pur: All areas except U

Cow & Gate Step-Up Follow-On Milk: STV, G

Johnson's Baby Moisturising Bath: All areas

Johnson's Kids Bubble Bath: All areas

Johnson's Kids Shampoo: All areas

Neutrogena T-Gel Shampoo: All areas

Nizoral Dandruff Shampoo: LWT, CAR, C4, satellite

Nurofen Plus: All areas

Nytol: All areas

Rennie: All areas

Settlers: All areas

Seven Seas Cod Liver Oil: C4, S4C

Wrigley's Sugar-Free: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

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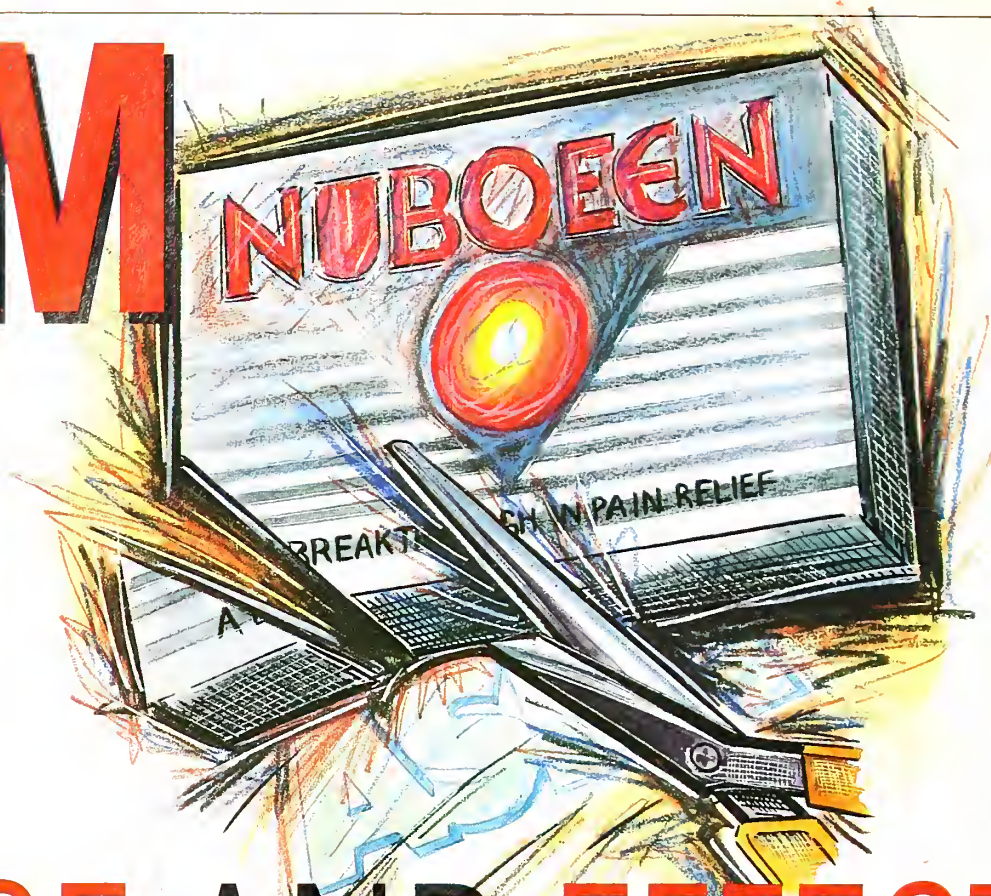
For more details of this unique system, contact your AAH Pharmaceuticals branch for an appointment with your LINK representative.



**PHARMACEUTICALS
LIMITED**

RPM

The furore following Asda's attack on Resale Price Maintenance has died down, but the issue has not gone away. With the Community Pharmacy Action Group planning its response, the National Pharmaceutical Association offers some thoughts on the subject, which affects all community pharmacists



CAUSE AND EFFECT

In October, 1995, Asda challenged the Resale Price Maintenance agreement by publicising that it would be cutting the price of some GSL medicines and food supplements.

In the same month, the Office of Fair Trading announced that it intended to review the issue of RPM on medicines. The OFT director general, John Bridgeman, made it clear that he felt RPM was not generally in consumers' interests.

The pharmacy profession faces a major challenge – to fight to preserve RPM on medicines, not only because it is important to pharmacy but also because it has great significance for public health.

What is RPM?

Until the late 1950s, RPM was the norm rather than the exception. Prices of consumer goods were the same wherever they were bought.

In the mistaken belief that price competition would reduce prices and hence inflation, the Government passed the Resale Prices Act 1961, which barred manufacturers from dic-

tating resale prices to wholesalers and retailers unless that practice could be shown to be in the public interest.

There were two permitted exceptions to this ban: books and medicines. Since September, 1995, book publishers have ceased to enforce set prices on books, leaving medicines as the only commodities available whose manufacturers can legally enforce set prices. The vast majority do so.

This unique status derives from a 1970 ruling by the Restrictive Practices Court, which decided that the consequence of removing Resale Price Maintenance from both 'ethical' and 'proprietary' medicines would be detrimental to the public interest to a degree that would far outweigh any possible benefit coming to the consumer from the somewhat lower prices.

The Court said that the absence of Resale Price Maintenance on medicines would:

- substantially reduce the variety of medicines available to the public
- substantially reduce the number of outlets

available for the supply of a full range of medicines and pharmaceutical services, including the dispensing of prescriptions, to the public.

The Court also said:

"... with the disappearance of those outlets (pharmacies), there would disappear the advantage to the public of the professional advice which the qualified pharmacist in those outlets had been accustomed to give the public."

The Court then said:

"We consider that ease of access to a chemist shop is a matter of public importance, particularly having regard to the fact that many members of the public who make most use of the chemist shop are old, infirm or mothers of young children. A plentiful and well distributed supply of such shops is therefore desirable."

The Court's 12-point conclusion led it to declare that, in the interests of the public, the price of medicines could be exempted from the general prohibition of RPM.

The maintenance of resale prices is not compulsory; it is for each individual manufacturer to decide if its products are to be resold only at or above the minimum resale prices.

Fortunately, virtually every OTC proprietary medicines manufacturer sets minimum prices and has written into its terms of business a requirement that retailers will sell only at those prices. The protection provided by RPM applies only to branded

products, not to own-label or generic medicines.

Challenges to RPM

Actions taken by Asda and the OFT have made RPM on medicines vulnerable.

After Asda broke its trading agreements last year by cutting the price of certain GSL medicines and food supplements, a number of manufacturers were granted injunctions preventing the company from price-cutting their products.

The OFT has started its review

Until the late 1950s, RPM was the norm. Prices of goods were the same wherever they were bought

We consider that ease of access to a chemist shop is a matter of public importance

Continued on P496 ►

PROOF MARGINS



THEY'RE NOT THE SAME WITHOUT BIG

TRILUDAN/TRILUDAN FORTE (OTC) PRODUCT INFORMATION

Presentations: Triludan Tablets: Each tablet contains 60mg terfenadine. Triludan Forte Tablets: Each tablet contains 120mg terfenadine. **Uses:** Antihistamine indicated for symptomatic relief of hay fever, allergic rhinitis and allergic skin conditions. **Dosage and Administration:** Adults and Children over 12 years: As a single dose or two divided doses. Allergic skin conditions: 120mg daily. Hay fever, allergic rhinitis: Starting dose 60mg daily, increase to 120mg daily if required. Children: Allergic skin conditions, hay fever, allergic rhinitis: 6-12 years: 30mg twice daily. Do not exceed the maximum recommended dose. **Contra-indications, warnings etc.:** Contra-indications: Concomitant use with oral ketoconazole or itraconazole or erythromycin. Use in patients with significant hepatic dysfunction. Known hypersensitivity to the drug. Warnings: QT prolongation and/or ventricular arrhythmias, including torsades de pointes have been reported at doses higher than those recommended and at normal doses in patients whose terfenadine metabolism is impaired by drugs or by liver disease (see 'Contra-indications'). If syncope occurs, terfenadine should be discontinued and the patient evaluated for potential arrhythmias. Precautions: Terfenadine is not recommended in patients in whom electrolyte imbalance or prolonged QT interval are known or suspected. Concomitant use of terfenadine is not recommended in patients receiving potentially arrhythmogenic drugs and those producing electrolyte imbalance, astemizole.

Although evidence is lacking, the risk of arrhythmia might be increased (see 'Warnings'). **Pregnancy and lactation:** See full data sheet. **Side-effects:** The following side-effects have been reported: abdominal pain and dyspepsia, alopecia, anaphylaxis, angioedema, arrhythmias, bronchospasm, confusion, convulsions, depression, dizziness, headache, insomnia, jaundice, liver dysfunction, menstrual disorders, musculoskeletal pain, nightmares, palpitations, paraesthesia, photosensitivity reactions, rash, sweating, syncope (see 'Warnings'), tremor, visual disturbances. In objective tests Triludan has been shown to be free from central nervous system side-effects. Reports of drowsiness are extremely rare but it is advisable to check the individual response before driving or performing complicated tasks. **Drug Interactions:** Use with oral ketoconazole or itraconazole is contra-indicated. Use with erythromycin is contra-indicated. Concurrent use with other imidazole oral antifungals or other macrolide antibiotics is not recommended. Concurrent use of drugs with arrhythmogenic potential or those causing electrolyte imbalance is not recommended (see full data sheet). **Pharmaceutical Precautions:** None. **Legal Category:** P. **Product Licence Numbers:** Triludan Tablets 4425/0024. Triludan Forte Tablets 4425/0091. **Product Licence Holder:** Marion Merrell Ltd., Broadwater Park, Denham, Uxbridge UB9 5HP. **RSP (including VAT):** Triludan Tablets: pack of 10 £2.99. Triludan Forte Tablets: pack of 7 £3.95. **Date of preparation:** February 1996. **Further information including Product Data Sheet is available from:** Marion Merrell Ltd. Hoechst Marion Roussel, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5HP. Marion Merrell and Triludan are registered trademarks. Hoechst Marion Roussel is a member of the Hoechst Group.

terfenadine

Hoechst Marion Roussel

960305C.SG

**Britain's No. 1
hayfever treatment**

◀ Continued from P494

of RPM. Preliminary meetings have already been held with many pharmacy trade bodies.

For the case to be considered by the Restrictive Practices Court, the director general of the OFT has to convince the Court that there has been a material change in the 'relevant circumstances' since it made its decision to allow RPM on medicines in 1970.

In other words, the OFT has to demonstrate that, since 1970, circumstances have changed so much that the reason for allowing RPM on medicines is no longer tenable.

The implications

No one should underestimate the detrimental effect the loss of RPM would have on community pharmacy and its customers.

It would not just affect a few vulnerable small pharmacies where the reduction in OTC medicine sales – on top of ever-decreasing NHS margins, and loss of non-medical sales to other retail outlets – would be the final straw. All pharmacies would be affected. Loss of sales would result in cutbacks in the level of service to the ultimate detriment of customers.

The loss of RPM is not just about price cutting a few highly-advertised GSL lines. It will also cause dramatic changes in the market share of non-prescription medicines.

Retailers such as Asda would cherry pick fast-moving lines and would apply 'pile them high, sell them cheap' methods to increase sales. More specialist low-volume brands would be forced off the market.

Manufacturers would then have to compete to protect their brands and would take decisions about seeking P to GSL changes which they might not otherwise have considered. The professional role of the pharmacist would be undermined and consumers, exposed to supermarket

offers of 'buy one jumbo pack of paracetamol and get one free', would be likely to take their custom over to the supermarket.

Ultimately, the professional influence of the pharmacist in ensuring medicines are treated with care and respect could be lost.

At the same time, customers would be denied access to a full range of OTC medicines and other pharmaceutical services as smaller pharmacies cannot hope to compete with the larger non-pharmacy outlets in the battle for market share. Surely this would not be in the public interest.

Pharmacy response

All the major pharmacy bodies, together with organisations representing wholesalers and manufacturers of non-prescription medi-

The Community Pharmacy Action Group has just launched the first phase of its Resale Price Maintenance defence campaign.

The Group is taking a low-key approach, with the focus on the following:

- lobbying MPs
- mobilising pharmacists
- building up a media relations programme
- developing third-party support through other health professionals and voluntary organisations as well.

It is also involved in a data-gathering exercise to determine the full impact of RPM.

Chairman of the Group David Sharpe recently summed up the

The abolition of RPM would have a detrimental effect on every pharmacy

cines, have formed the Community Pharmacy Action Group. This body is campaigning to show why keeping RPM is in the public interest.

It is undertaking a major information-gathering exercise to provide

the OFT with evidence of the importance of branded OTC medicine sales to pharmacy. In addition, through PR activities, it will be applying maximum public and parliamentary pressure.

However, a centrally co-ordinated awareness campaign will only be effective if its message is realised, fully understood and implemented at local level. There is thus a great deal every pharmacist can do to help.

How can you help?

Your co-operation is vital. There are a number of things you can

RPM dilemma using the SAVE acronym: Service, Availability of range, Value and Ease of access.

"If RPM were to go, there is a strong possibility – which I have never said in relation to remuneration – that pharmacies will close," he warned. The impact

would also extend to GPs, who would face a greater work burden, and difficulty for vulnerable groups to gain access to pharmacies.

Sources suggest that the OFT report will not appear until the autumn. So

pharmacists still have plenty of time to push their case through their local member of parliament, voluntary organisations and fellow health professionals.

do. Be more prudent than ever about how you sell medicines. Make sure your protocols are carefully followed by all members of staff.

If the OFT does convince the Restrictive Practices Court to 're-open' the case, the NPA will be arguing that the abolition of RPM will not only decrease the customers' choice of medicines and the number of outlets, it will also mean that the public will no longer have access to sound professional advice available in the community when seeking to buy medicines. So the NPA will be highlighting the special way medicines are treated in pharmacies.


At the same time, it will highlight the full breadth of pharmaceutical services available from the pharmacy. The OFT will be checking to see if the Association's statements are borne out in practice. You need to provide the evidence to back this up.

Be prepared to join the battle. The first stage of the CPAG campaign involves parliamentary lobbying and seeking support from consumer groups and other health professional bodies. The NPA has already asked you to help by writing to your local MPs about RPM. It will need your help again in other ways if it is necessary to launch a high-profile media campaign. Please join in. The success of the campaign depends on your co-operation

Conclusion

The abolition of RPM would have a detrimental effect on every pharmacy and would serve to undermine the sensible and responsible attitude to self-medication which pharmacists are instrumental in bringing about. More importantly it would have a serious effect on public health by denying local pharmacy services to all customers. This will be particularly significant in the case of the old, infirm and mothers with young children. For these reasons the NPA believes RPM is worth fighting for. With your help it can win the battle.


THE COMMUNITY
PHARMACY
ACTION GROUP



ENHANCED

ABRIDGED PRESCRIBING INFORMATION
PRESENTATION: Deep Relief is a clear, colourless gel containing Ibuprofen Ph Eur 5.0%. Also contains menthol. **USES:** A topical anti-inflammatory and analgesic for rapid symptomatic relief from rheumatic pain, muscular aches, pains and swellings such as strains, sprains and sports injuries.
LEGAL CATEGORY: 50g and under: GSL. 100g P

PRODUCT LICENCE HOLDER: The Mentholatum Company Limited, East Kilbride, Scotland
FURTHER INFORMATION FROM THE LICENCE HOLDER IS AVAILABLE ON REQUEST.
Trade Contact: The Jenks Group, Telephone 01494 - 442446
ALWAYS READ THE LABEL



All in the cause of efficiency

Upon opening this week's *C&D* (April 6), two articles regarding the present and future contracting role immediately struck me.

The first, on page 447, **Northern Ireland Notebook**, regarding the sales of prepayment certificates is, as a member of the Derbyshire Local Pharmaceutical Committee negotiating team, a subject that is close to my heart.

The Derbyshire Family Health Services Authority offered the service for the paltry sum of 25p per certificate in November, 1994. This was discussed at an LPC meeting and the cost to contractors of operating the scheme was assessed – this is much higher than most contractors would imagine (it will cost between 60p and 79p to process a cheque, and credit card transactions at 3 per cent would amount to over £2.70 for a year's certificate).

When the costings were presented to the FHSA, we were told that they were not willing to cover staffing costs,

"as these are already paid for". It did not occur to them that staff that were processing certificates would be taken away from other duties and prescription business may be lost if patients are unwilling to wait while the certificate transaction is made.

Additional insurance costs of premium and maintenance of extra protection required by insurance companies, disregarding capital cost of installation, would amount to a further £80 per year.

Despite this, some 6 per cent of Derby contractors did undertake to issue certificates, despite advice given to them to the contrary by the LPC. This was heralded as a victory!

Coming out to the page 446, 'Voice of Unity?', I cannot agree more with the writer that LPCs have to take a much more proactive role with health authorities if community pharmacy is to find a worthwhile and prominent position in the future. Contractors must be kept fully informed of negotiations, but, in return, must trust and give their full backing to their local negotiators.

There is now no room for breaking ranks for short-term gain.

My fears are encompassed in the final paragraph. Will there, in the future, be sufficient skilled and willing volunteers to gain a rightful role for community pharmacy? I am told that there are only five nominations for the ten contractor places on the new Southern Derbyshire LPC!

I, personally, have spent at least 40 hours of unremunerated time in 12 months on local negotiating issues and it is estimated that in Derbyshire a total of 400-500 hours has been logged by the FHSA and LPC personnel over what is a relatively small sum – all in the cause of efficiency.

Barry J Wilson
Derbyshire LPC

Diabetics given reassurance on BSE scare

A disturbing aspect of the BSE crisis has been the extreme anxiety of diabetic patients about the possible contamination of beef insulin with the agent responsible for causing BSE in cattle.

The initial response was one of panic in which patients were demanding information on the country of origin of the cattle and purification methods used in the production of bovine insulin. CP Pharmaceuticals was able to reassure patients that the risk associated with the therapeutic use of its bovine insulins is considered to be negligible.

The emphasis of calls received in the week commencing April 1 has changed. Patients are now concerned that bovine insulins will be discontinued. We wish to assure both health professionals and patients that the supply of our bovine insulin is unaffected by the BSE crisis and will continue.

In addition, I wish to point out that the information printed in *C&D* (March 30) could lead to misunderstanding. May I point out that the CP heparins are porcine and the hyaluronidase is derived from the testes of sheep. The wording of the article implied that these were of bovine origin.

Dr Pauline Flanagan
Medical information officer,
CP Pharmaceuticals



In a recent survey¹ of 800 consumers almost 60% found menthol-fresh Deep Relief to be more effective and faster acting than their usual product.

88% intend to purchase it again.
Enhance your recommendations with Deep Relief.

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- General information** ● Exhibitions, conferences and fairs 1996 ● BP Conference programme ● A pharmacist's introduction to the Internet – parts 1 and 2 ● WWW pharmacy sites ● *Chemist & Druggist*'s staff list



A degree in German and Business Studies, and a spell in sales and marketing with a brewery are not obvious qualifications for running the National Pharmaceutical Association's professional development programme, but then it's no ordinary job, as department head Georgina Craig explains

A SERVICE

The degree comes from Edinburgh University, but the brewery was in Germany, where Georgina Craig went after graduating to undertake what was, in effect, a business apprenticeship. "It was a secondment to give me a taste of the business. I got eight free crates of beer a month, so I was very popular with my friends," she recalls.

A job with Boehringer Mannheim followed, where she was accepted onto an international management training programme. Having become quite heavily involved into preparing for the launch of erythropoietin in Europe, Georgina came back home to work for the company's UK division in pharmaceutical sales.

Key role

Nine months later, seeking a bit more flexibility and challenge, she moved to Merck Sharp & Dohme as a GP and, subsequently, hospital representative. Two years ago, she became a key account manager.

"One of the areas the company was particularly interested in, because they had just bought Medco in the States, was pharmaceutical and managed care," she remembers.

"I was looking at the role of the community pharmacist and developments in education and training of GPs and other primary care team members. When the job of professional development manager at the NPA came up, I thought I could be doing this for a professional body rather than for a pharmaceutical company."

Georgina duly arrived in St Albans on October 31, 1995.

The NPA had set up the profes-



sional development in the spring of 1995 to help members compete for funding from health authorities, and to help manage bids to provide services locally.

Its first head, Mary Allen, left the NPA at the end of last summer at short notice, having recruited five co-ordinators. Georgina denies that there was any kind of dislocation.

"When you are given a brand-new territory and a new task, the first thing you do is go out there and find out what is happening. When I arrived, the team

had been in place for six months. I was able to review what they had achieved and take a more targeted approach."

The co-ordinators had visited pharmaceutical advisers and other key people within health authorities, local pharmaceutical committees, and GPs in an attempt to find out what was on their agenda and what kind of solutions the NPA could offer.

"A difficult job and they had done well," is Georgina's verdict. "Having been in a similar situation, I know it can be a daunting task. But, in a short time, they had identified some clearly-defined opportunities for the NPA."

Having re-arranged territories in line with the new NHS structure which came in this month and introduced feedback and reporting systems, Georgina is ready to go.

"We are looking to hit key areas where we think there is already enough evidence to justify a role for the pharmacist, and where that evidence can easily be put together into a package of care and a contract that we can take to a health authority," she says.

The theory is that the NPA will manage the running of the service as a non-profit-making organisation, covering its costs and no more. Profits are passed on to participating pharmacies which contract with the Association to provide the service.

Developing view

The areas the professional development department is looking at include smoking cessation, stoma care, warfarin clinics, a 'fundholding' package and pharmaceutical care review (espe-

We are looking to hit key areas where we think there is evidence to justify a role for the pharmacist

PROVIDER

cially with the social services).

Services may be based at home or in the pharmacy if the patient is mobile. Georgina has strong views on home services. "Everyone seems a bit hung up on domiciliary visiting. GPs are trying to get away from a domiciliary-based service because it is so expensive."

Model building

"We need to find models based in the pharmacy because that is where pharmacists are most of the time. Purchasers do not want to pay out vast sums in locum fees if there is a better model."

The department has yet to submit its first contract proposal in its key areas, although a number of packages – smoking cessation and stoma care – are ready for submission. It has, however, been active in helping members chase development funds.

Two tranches of bids have been put in, one in the North West in January, and the other for funds from the Department of Health's 'Building Partnerships for Success'. Seven applications have been made for a total of more than \$100,000 under the latter scheme, in conjunction with both social services and health authorities.

There is a recognition within the NPA that professional development is not going to change the world overnight, says Ms Craig. She is compiling a database of how various services are being costed, and believes she and her team "are getting fairly experienced in

calculating that kind of thing"

She has set herself a target to 'bring in' \$300,000 in 1996, which, assuming a 10 per cent management fee, will see her with \$30,000. "I am fairly confident we will achieve this and we will invest the money in another coordinator. At the moment, the areas covered are so huge it is difficult to make an impression,"

she says.

A major problem at present is the upheaval within health authorities from the latest amalgamation of FHSAs and districts into unitary purchasing authorities. There will be some extra spade work needed to rebuild

There really has been a change in the team and we are all going in the same direction

contacts in the coming months.

"I am happy with the progress made," Georgina says. "There really has been a change in the team and we are all going in the same direction. I'd like to have product packages ready to sell tomorrow, but you should not rush things. I'd rather pilot our ideas with a few health authorities before going national."

Longer terms

Among GPs and trusts, there is a strong wish to move to longer contracts to allow building of longer term partnerships. In future, purchasers are increasingly going to be GPs, she feels. "Issues of local contracting are almost a red herring because soon we will see pharmacists in a local area negotiating with fundholders. If total fundholding takes off, then buying will certainly devolve to GPs."

It's a brave new world out there, and the NPA is working towards securing a corner for its members. But it will have to work for it.

Pharmacists will need to mirror the move by GPs to work together in larger groups and the NPAs new approach offers the opportunity to do this. There's little evidence of it happening yet, though, says Georgina. But who knows what the next few years will bring?

**SMALL
PILL**

BIG BUSINESS



Early this Spring, the Department of Health is spending £2.3 million to raise awareness of the importance of Folic Acid in early pregnancy. To capitalise on this heightened awareness, a new consumer campaign promoting Cantassium Micro Folic Acid has been developed by Larkhall Green Farm.

All this activity means a big demand for Folic Acid. And in particular, Cantassium Micro Folic Acid.

Each tiny, easy-to-swallow Cantassium tablet contains 400mcg of Folic Acid – the exact Government recommended dose. And the handy 'click pack' dispensers, unique to the Cantassium Micro range, are both convenient and portable.

Cantassium Micro Vitamins are available from all major wholesalers, so be sure you stock up now.

Then you'll be ready for extra profits with the small pill that means big business for you.



Cantassium



To help those already affected by Neural Tube defects, 10p of the purchase price for every pack of Cantassium Micro Folic Acid sold will be donated to the Association for Spina Bifida and Hydrocephalus.

Relief at their fingertips.



Movelat
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Movelat Relief
has a unique indication -
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Relief from arthritic pain at your fingertips.

Now, help is at hand for everyone who gets a touch of arthritic pain. Movelat Relief is the first topical treatment for mild to moderate arthritic pain available from your pharmacist without a prescription. Movelat Relief has two powerful ingredients. One helps stop pain and inflammation, the other helps ensure the main ingredient passes rapidly through your skin to reach the painful joint. So, next time you feel a touch of arthritic pain, smooth on Movelat Relief and soothe away the pain.

Ask your pharmacist about Movelat Relief today. Available as Cream or Gel, in 40g and 100g packs. Always read the label.



Movelat
Relief
For the relief of mild to moderate
arthritic pain.

Registered trade mark.

Movelat Relief

will be supported by a
£3 million campaign, including national
TV and press advertising.

ABBREVIATED PRODUCT INFORMATION

Presentation: Movelat/Movelat Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph.Eur. 2.0% w/w in a white cream base. Movelat/Movelat Relief Gel contains the same active constituents in a colourless gel base. Indications: Movelat/Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of pain in musculo-skeletal conditions including sprains and strains. Dosage: Adults, the elderly and children over 12 years: Movelat/Movelat Relief Cream: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat/Movelat Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily.

And profit at yours.



Since its OTC launch last year, non-prescription sales of our effective topical treatment for arthritic pain have increased significantly.

Now, Movelat for OTC sales has new packaging and a new name - **Movelat Relief**.

Throughout 1996, our TV commercials and advertisements in national newspapers will make arthritic pain sufferers aware of the new name, **Movelat Relief**.

As the only topical OTC product for the relief of mild to moderate arthritic pain, **Movelat Relief** is going to be a massive profit-maker during 1996. The handy new 40g pack, introduced specifically in response to requests from pharmacists, gives you an extra way to profit. Cash back on 100g is £2.07, and on 40g it is £1.23.

What's more, the new packaging will establish a clear difference between **Movelat Relief** and the Movelat prescription range.

So for profits at your fingertips, make sure you keep plenty of **Movelat Relief** handy.



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Relief

mucopolysaccharide polysulphate (MPS), salicylic acid

**For the relief of mild to moderate
arthritic pain.**

Contra-indications: Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. Precautions: For external use only. Not to be used during the first trimester or during late pregnancy. Side-effects: Allergic skin reactions may occur in individuals sensitive to salicylates. Legal Category: P. Pack Details: Movelat/Movelat Relief Cream (PL 8265/0008), Movelat/Movelat Relief Gel (PL 8265/0009); Trade Price: £4.14 per 100g tube, £2.51 per 40g tube. Retail Price: £7.30 per 100g tube, £4.40 per 40g tube. Full product information is available on request from the Product Licence Holder: Panpharma Limited, Repton Place, Amersham, HP7 9LP. Date of Preparation: February 1996.

panpharma
SANKYO GROUP

Sound

Adam Bernstein demonstrates how to avoid 'cowboy' advisers and hunt down the true professionals

ADVICE

We take for granted that to be a doctor, lawyer or haulier you need qualifications which must, from time to time, be proved to stay on the right side of the law. Strangely, though, to be an accountant or professional adviser, you need only rent an office, have some letterhead printed and brass plate fixed to the wall outside, and you're in business.

No messing, no qualifications and no illegalities.

The situation is more worrying if you consider the number of small businesses which are most susceptible to cheap and poor advice. Figures taken from a joint Confederation of British Industry and National Institute for Economic Research report indicate that the number of small businesses in the UK is growing by a healthy 10 per cent, and their number is this year expected to reach a total that is well over 2.7 million. At the same time, because the economy is picking up, the number of business failures has been dropping by 13 per cent. Small businesses are growing so fast that they are recruiting staff at the fastest rate for six years. In essence, this sector of British business needs good accounting and management advice.

But where to turn? There are three main recognised accountancy bodies in the UK – the Chartered Association of Certified Accountants (ACCA), the Chartered Institute of Management Accountants (CIMA) and the Institute of Chartered Accountants in England and Wales, and its affiliates (ICAEW) – but what do they offer? The answer is very little unless you're dealing with the ACCA

Shark hunting

To rid the British business world of shark-like 'professional' advisers, the ACCA has just gone it alone by launching a second pilot advice programme for owners of small businesses, which, if all goes to plan, could be available nationally within the next year or so.

The first, a sponsored Small Business Surgery in North Har-

row, Middlesex, has finished its planned trial period and is presently being reviewed. The second, however, is similar in principle to the Small Business Surgery, but is being run by the Leicestershire District Society of the ACCA in conjunction with Business Link Leicestershire.

The Accountancy Helpline at Business Link Leicestershire has been put together with the owners of small and growing businesses in mind – people who do not regularly use the services of an accountant. The information and help available can cover matters as diverse as sources of finance, cashflow handling and the new self-assessment income tax regime.

Twenty-five members of the Leicestershire District Society of the ACCA will be available for consultation, each providing one day of their time a month on a rota basis. Where the question cannot be answered simply by telephone, face to face help is available for up to one hour free with the member on duty. Thereafter, it's up to individuals to make their own arrangements

with the accountant they've been talking to or elsewhere.

Growing sector

Geoff Sawyerr, president of the ACCA Leicestershire District Society, says: "We, as certified accountants, would like to be seen to be helping small businesses in this recent economic climate, bearing in mind that professional costs of setting up and growing new business could be a major constraint. We would like to help new businesses so that they do not have to worry about these additional costs, they are, after all, the growing sector of the economy."

Commenting on the introduction of the North Harrow programme, Lutfi Talib, president of the Harrow District Society of the ACCA, says: "While many small business consultants are legitimate, others offer a cheaper service by cutting corners. Those in the latter category can be very tempting to small businesses, operating under tight budgets, which see the opportunity of obtaining the advice they require at low cost. However, this could

prove to be a fatal false economy if the consultant is not up to the task."

This can be illustrated by cases where unscrupulous, unqualified individuals have been charging non-refundable administration fees with the vague promise of raised finance. Naturally, to a businessman or woman in a tight spot, this sort of advice may seem, at that moment in time, quite attractive. Giving more examples, there have even been cases where small businesses have been charged several hundred pounds by these 'advisers' for reports on their eligibility for Government and EC grants.

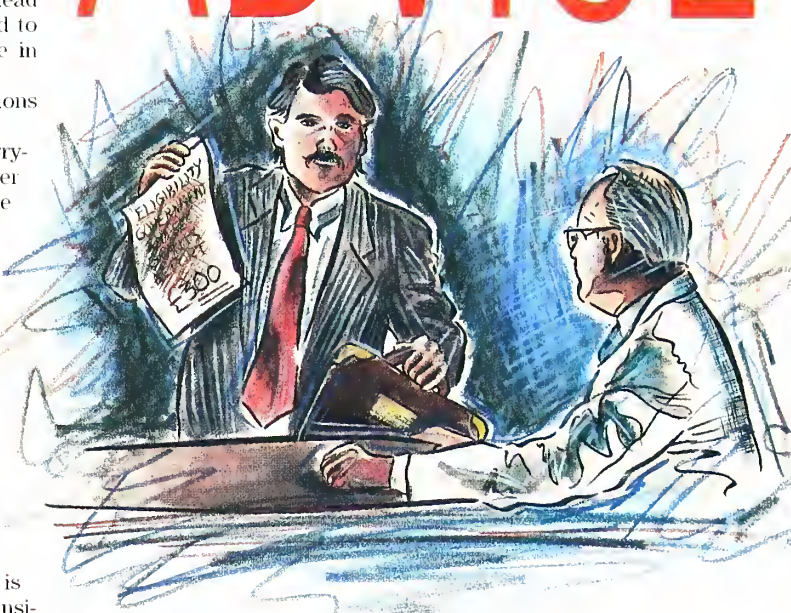
So, if you are looking for some good, solid, professional help, the advice given from various sources is the following:

- use an adviser who is a member of a relevant professional body, and look for qualifications and certificates to prove this
- be very wary of any advisers who cold-call
- find out who else the adviser works for and, where possible, seek references, either from other businesses in your area or the market sector, or from the local Training and Enterprise Council
- do not relinquish any direct control over the finances of your business
- look to see how much interest any prospective adviser shows in your business. Find out if they have any experience in your area of operations
- ensure you have a written contract that spells out exactly what is expected and what you must pay for. Ask about billing terms – is it monthly, quarterly or annually? Will the adviser offer any help in minimising your bills?
- finally, see if your adviser's professional body has any free guides and advice booklets you can have.

Remember that advisers, if you choose badly, can lead you along a path that may destroy all you have worked for. On the other hand, good advisers are worth their weight in gold.

If you are based near North Harrow and are interested in a consultation, call 0171 396 5770. Consultations are held every Friday between 12.00pm and 3.00pm at the Harrow Civic Centre. For more information on the national aim of the programme call the ACCA on 0171 242 6855. Complaints to the same number.

The Institute of Chartered Accountants in England and Wales is on 0171 920 8100. Complain about members on 01908 248100. The Chartered Institute of Management Accountants can be reached on 0171 637 2311. Complaints to the same number.



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Occasionally reported: nausea, vomiting, diarrhoea, epigastric pain, headache, dizziness, vertigo, rashes or skin eruptions. Rarely reported: gastro-intestinal bleeding, peptic ulceration, drowsiness, tiredness, urticaria, liver function disorders, oedema, hypersensitivity reactions. **Legal category:** POM. **Pack details:** Motifene 75mg capsules (PL 8265/0003), basic NH5 price £14.99 per blister pack of 56 capsules. Full prescribing information is available on request from the **Product Licence Holder:** Panpharma Limited, Repton Place, Amersham, HP7 9LP.

Date of Preparation: March 1996

M75F9602

Phytopharm floats with £60m

Phytopharm, a drug company that takes plant-based medicines and formulates them for prescription use, has launched its pathfinder prospectus.

The company plans to raise around \$15 million in a placing on the London stock market later this month.

Phytopharm is aiming for a market value of around \$60m. The company's main product is Zemaphyte, a treatment for severe atopic eczema, which was developed from a Chinese plant-based medicine.

The company reported pre-tax profits of \$132,000 on turnover of \$641,000, which principally comprised development fees from Fisons, which has a development and marketing agreement with Phytopharm, giving it exclusive rights to market Zemaphyte in the EU and first right of refusal for licences in other countries.

Phytopharm receives development costs, milestone payments and will receive royalties on Zemaphyte sales.

The company has a number of other products in its pipeline for treating conditions including wound healing, psoriasis, asthma and diabetes.

UK prescribing remains low

The NHS medicines bill remains the second lowest in Europe – and one of the lowest in the world.

The average cost of a prescription is \$8.65, with almost 545 million prescriptions written in the UK in 1995, according to Dr Trevor Jones, director general of the Association of the British Pharmaceutical Industry. The spend on medicines accounts for only 11 per cent of the total NHS bill. These figures pose the question of whether we are making the most of our medicines, said Dr Jones, who was speaking at the launch of the ABPI's annual report. "Cheap prescribing is by no means always good prescribing", he said.

Dr Jones advocated a move

towards evidence-based prescribing of medicines, but said that the difficulty lay in persuading the Government, particularly the Treasury, that a rise in the medicines bill could lead to a reduction in the overall NHS bill by reducing the need for surgery, hospital care and social services.

Dr Jones believed that using the best medicines was the right way forward, both to improve the nation's health and control the NHS drugs bill.

However, this did not mean placing limits on GPs' prescribing by means of a national formulary or use of limited lists.

The pharmaceutical industry was currently working on providing more information to patients, not only through the leaflets in

patient packs but also through a new voluntary scheme, by which companies were making licensing data on new medicines, including information on safety and side-effects, available to the general public.

The drug industry was currently heading towards a record-breaking \$2 billion trade surplus for 1995 on exports of more than \$1bn. Spending on R&D also reached record levels of around \$2bn in 1995.

The ABPI has been in talks with both the Government and the Labour Party to ensure that both sides recognise the importance of the pharmaceutical industry to the UK, both in terms of jobs and the wealth it brings to the country.

AAH adds power to PCs

Link Pharmacy Systems from AAH Pharmaceuticals is adding to its customers' PC power with the launch of PD-ROM as standard on all its Link Pentium PCs.

A PD-ROM is a CD with a difference: whereas CD-ROMs are restricted to viewing information only, a PD-ROM can process it.

Retail sales continue to rise

Retail sales volumes increased in March, although their rate of growth has slowed.

Despite six successive year on year increases, retail sales were viewed as only just above average for the time of year, according to the Confederation of British Industry's Distributive Trades Survey.

The rise reported in March fell short of expectations, which, says the CBI, suggests that retailers have not yet experienced a complete recovery of stability.

Nevertheless, retailers predict a further pick-up in sales for April.

Chemists saw a slow down in volume growth following three successive months of marked increases. On balance, only 16 per cent of chemists saw a rise in sales volumes compared with last year, a sharp fall from 43 per cent in February and 57 per cent in January.

Wholesalers' sales volumes continued to rise strongly and results for the time of year were above average.

MMC INVITES EVIDENCE INTO THE PROPOSED ACQUISITION OF LLOYDS CHEMISTS PLC BY GEHE AG

The Secretary of State for Trade and Industry has referred the proposed acquisition of Lloyds Chemists plc by GEHE AG to the Monopolies and Mergers Commission.

The Commission will be considering the effects of the proposed merger on the wholesale and retail pharmaceutical markets in the UK.

The Commission would welcome any views from interested parties in writing, by 19 April 1996 if possible. Anyone wishing to submit evidence, or to obtain a copy of the full terms of reference, should write to: The Reference Secretary (GEHE/Lloyds), Monopolies and Mergers Commission, New Court, 48 Carey Street, London, WC2A 2JT.

FOCUSING ON THE PUBLIC INTEREST.

Reckitt & Colman disposes of US division

Reckitt & Colman has sold its US personal products division to J.W. Childs, a US investment management company, for \$123 million (\$1=\$1.53).

The sale is in line with Reckitt & Colman's corporate strategy of concentrating on household products and pharmaceuticals.

The personal products division turned in sales of \$110m in 1995, with a profit of around \$10m. The sale encompasses brands including Wet Ones moist towelettes; Diaparene baby care products; Mr Bubble bubble bath; and Chubbs thick baby wipes. All the products are sold primarily in the US and a number of other markets worldwide, although sales of the affected products are almost negligible in the UK, says

a company spokesman.

The sale of the division, which was acquired when Reckitt & Colman bought L&F Household at the end of 1994, does not affect the toiletries business in Europe, where Reckitt & Colman is a market leader in depilatories (Innuac) and denture care. The company has no plans to dispose of its toiletries.

The US deal includes certain product formulations, as well as production and distribution facilities in Ohio.

Of the \$123m sale price, \$108m will be paid in cash on completion of the deal and the remainder is covered by a loan note payable in seven and a half years. The proceeds of the sale will be used to reduce net debt.

Classified

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- Multiple pharmacy experience
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- Excellent presentation/sales skills.
- A track record of successful business growth in healthcare.

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Interested candidates should forward a copy of their current CV to Peter Williams or Mark Gardiner, Michael Page Sales & Marketing, Windsor Bridge House, 1 Brocas Street, Eton, Berkshire SL4 6BW, or telephone them on 01753 833752, quoting reference 282287.



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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

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ABOUT people

Walkies!

If you feel that you need a little exercise, how about going for a walk?

If you want to double the satisfaction, you could take your walk as part of a fund-raising event to collect money for Guide Dogs for the Blind.

Popat Shah of Pharmco Chemist in Edgware, north London, is organising an annual ten-mile sponsored walk to raise over \$5,000. This will help buy and train five guide dogs.

As an added incentive, the first 100 walkers to register on the morning of the walk, June 30, will receive a complimentary T-shirt.

Details of the walk are available from Mr Shah at Pharmco Chemist, 201 Deansbrook Road, Edgware, Middlesex HA8 9BU. Tel: 0181 959 1835.

Natalie Moan (right), pharmacy manager at Frank Jones Chemist in Tyne & Wear, is the winner of Smithkline Beecham's mystery shopper competition. Her high-impact window display of Night Nurse and Day Nurse won her a £500 prize, presented by SB area sales manager Kevin Robinson (centre) and SB north east pharmacy territory manager Domenico Velluci (left)



The Royal Pharmaceutical Society has announced this year's Charter medal recipients. Dr Trevor Jones (pictured), director general of the ABPI, has been awarded the gold medal, and Marshall Gellman, a former chairman of the NPA, will receive the silver



Wakefield wonders

Pupils have been rewarded for contributions to Wakefield

Health Authority's 'Help Us To Help You' scheme.

Minsthorpe High School students were invited to contribute a poem or brochure around the HUTHY campaign, featuring cartoon characters Ivor Remedy (a pharmacist!) and Dr R U Well.

HUTHY is a public health education campaign, which has produced leaflets, handbooks and comics for distribution through selected schools, pharmacies, doctors' surgeries and libraries.

Pharmacist Keith Hyde, who runs the Vantage Pharmacy in South Elmsall, Pontefract, has been involved with the planning for 18 months. He says the main theme has been to tell the public that it is not always necessary to visit a GP, and that they could consult the pharmacist first.

By taking the scheme into



Eric Hilton, head of personal and social education at Minsthorpe High School, presented gift vouchers to four of the successful students (left to right): Michelle Jones, Nicola Cumberpatch, Kerry Ridley and Melanie Birks

schools Mr Hyde hopes the schoolchildren will put the message across to parents. The scheme has also featured a WHA caravan, distributing leaflets.

Debbie Haywood of WHA says the scheme is currently being evaluated and she hopes it will be extended to the whole of Wakefield in the summer.

COMING EVENTS

MONDAY, APRIL 15

Derby & District Branch, RPSGB

Kingsway Hospital, Postgraduate Centre, 7.30pm. 'Question Time'. Panel: Noel Baumber (PSNC), Ben Chatterton (pharmacy inspector), Professor Li Wan Po (Nottingham University School of Pharmacy) and Marshall Davies (superintendent, Boots). **Southampton & District Branch, RPSGB** PGMC, Southampton General Hospital, 7.30pm for 8.00pm. Annual general meeting followed by a wine tasting evening.

TUESDAY, APRIL 16

Shropshire Branch, RPSGB

Albrighton Hall Hotel, Shrewsbury, 7.00pm. Annual general meeting followed by Astra Pharmaceuticals giving a presentation, 'Losec strategy'. Also Michael Williams, North West facilitator for Pharmacy in

the New Age. Buffet.

South Staffordshire Branch, RPSGB

The Swan Hotel, Lichfield, 7.30 for 8.00pm. Annual general meeting. Buffet.

Lanarkshire Branch, RPSGB

Old Mill Hotel, Motherwell, 8.00pm. Annual general meeting and dinner.

Oxfordshire Branch, RPSGB

Postgraduate Medical Centre, John Radcliffe Hospital, 8.00pm. 'Success with community health promotion projects' by Claire Anderson, King's College department of pharmacy.

WEDNESDAY, APRIL 17

West Hertfordshire Branch, RPSGB

Post Graduate Medical Centre, St Albans City Hospital, 7.30pm for 8.00pm. Annual general meeting, followed by 'Nurse prescribing' by Maureen Williams, health agency nurse adviser, Hammersmith & Hounslow Health Agency. Light buffet.

THURSDAY, APRIL 18

Edinburgh & Lothians Branch, RPSGB

36 York Place, Edinburgh, 7.45pm. Annual general meeting and 'The History of RIE' by Dr Mike Barfoot (archivist), Edinburgh University.

Glasgow & West of Scotland Branch, RPSGB

Annual general meeting, 7.00pm, and visit to AAH wholesaler, 204 Polmadie Road, Glasgow G42.

Bedfordshire Branch, RPSGB

Cedar Room, Conference Centre, Silsoe College, Silsoe, Bedfordshire, 8.00pm. Annual general meeting.

Harrow & Hillingdon Branch, RPSGB

Northwick Park Hospital at 8.10pm. Annual general meeting, followed by 'Chinese medicine in the UK' by Professor Chan, Liverpool School of Pharmacy.

Stirling & Central Scottish Branch, RPSGB

Fortbank Leisure Stadium (Stirling Albion Football

Ground), 8.00pm. Annual general meeting followed by a general knowledge quiz for all. Buffet supper.

Advance information

The National Association of Women Pharmacists is holding its conference forum on Sunday, **April 21**, at the Glendower Hotel, Lytham St Annes, Blackpool, starting at 2.15pm. The theme is 'The face of pharmacy in the future'.

The College of Pharmacy Practice is holding a College Day at the De Montfort Hotel, Kenilworth, Warwickshire, **April 25**. The day seminar, on 'Ethical dilemmas as we approach the millennium', begins at 11.00am. Presentations and the annual general meeting start at 6.00pm. Details from Sue Elfring at the University of Warwick Science Park, Barclays Venture Centre, Sir William Lyons Road, Coventry CV4 7EZ. Tel: 01203 692400.

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Dosage and administration: Adults (incl. the elderly), children 16 years and over. 10 ml suspension when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose (10 ml) may be taken, but no more than 2 doses in any 4 hours and no more than 4 doses in any 24 hours. Treatment should not be continued for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. Not to be given to children under 16 years of age.

Contraindications. Hypersensitivity to cimetidine or any of the other constituents. **Precautions.** Not recommended in patients with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with compromised bone marrow; in pregnancy and lactation. Use only on a doctor's advice in patients: with any other illness, using any medication, under medical supervision for other reasons, with a history of peptic ulcer who are now using NSAIDs especially the elderly. Contains 66 mg sodium per 10 ml dose and this should be included in the daily allowance of patients on sodium restricted diets. **Adverse reactions.** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, hepatitis, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heartblock, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number** 0002/0232. **Retail price** (200 ml) £4.99. **Legal category** P. **Date of preparation** 8 June 1995.

Reference 1. Taylor Nelson AGB plc Omnimed 1995.

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*An independently conducted survey of 214 general practitioners conducted in October 1995!

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